DUNN COUNTY HEALTH CARE CENTER

3001 US HWY 12 EAST

MENOMONIE	54751	Phone: (715) 232-26	61	Ownership:	County
Operated from	1/1 To 12/3	1 Days of Operation	n: 365	Highest Level License:	Skilled
Operate in Con	junction with	Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds	Set Up and S	staffed (12/31/03):	137	Title 18 (Medicare) Certified?	Yes
Total Licensed	Bed Capacity	(12/31/03):	137	Title 19 (Medicaid) Certified?	Yes
Number of Resid	dents on 12/3	1/03:	123	Average Daily Census:	128

Services Provided to Non-Residents		Age, Gender, and Primary Di	_				%	
Home Health Care	No			Age Groups	%		21.1	
Supp. Home Care-Personal Care	No					1 - 4 Years	46.3	
Supp. Home Care-Household Services	No	Developmental Disabilities	0.8	Under 65	2.4	More Than 4 Years	23.6	
Day Services	No	Mental Illness (Org./Psy)	39.0	65 - 74	8.1			
Respite Care	No	Mental Illness (Other)	7.3	75 - 84	35.8		91.1	
Adult Day Care	No	Alcohol & Other Drug Abuse	0.8	85 - 94	43.9	* * * * * * * * * * * * * * * * * * *	*****	
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.8	95 & Over	9.8	Full-Time Equivalent		
Congregate Meals No		Cancer				- Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/03)		
Other Meals	No	Cardiovascular	15.4	65 & Over	97.6			
Transportation	No	Cerebrovascular	12.2			RNs	17.9	
Referral Service	No	Diabetes	4.9	Gender	용	LPNs	5.2	
Other Services	Yes	Respiratory	4.9			Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	12.2	Male	29.3	Aides, & Orderlies	46.9	
Mentally Ill	No			Female	70.7			
Provide Day Programming for			100.0			I		
Developmentally Disabled	Yes				100.0			
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Method of Reimbursement

		edicare			Medicaid 'itle 19		(Other		:	Private Pay	:		amily Care			anaged Care	l 		
Level of Care	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	90	Per Diem (\$)	No.	양	Per Diem (\$)	No.	olo	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	1	14.3	152	2	2.3	127	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	3	2.4
Skilled Care	6	85.7	152	81	94.2	108	0	0.0	0	28	93.3	131	0	0.0	0	0	0.0	0	115	93.5
Intermediate				3	3.5	90	0	0.0	0	2	6.7	131	0	0.0	0	0	0.0	0	5	4.1
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	7	100.0		86	100.0		0	0.0		30	100.0		0	0.0		0	0.0		123	100.0

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Admissions, Discharges, and		Percent Distribution	of Residents'	Condit	ions, Services, an	d Activities as of 12/	31/03		
Deaths During Reporting Period	% Needing								
Percent Admissions from:		Activities of	90		sistance of	% Totally	Total Number of		
Private Home/No Home Health	11.4	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents		
Private Home/With Home Health	2.9	Bathing	0.0		68.3	31.7	123		
Other Nursing Homes	2.9	Dressing	14.6		66.7	18.7	123		
Acute Care Hospitals	81.1	Transferring	26.0		56.1	17.9	123		
Psych. HospMR/DD Facilities	0.0	Toilet Use	18.7		56.9	24.4	123		
Rehabilitation Hospitals	0.0	Eating	49.6		37.4	13.0	123		
Other Locations	1.7	******	*****	*****	* * * * * * * * * * * * * * * * * *	*****	*****		
otal Number of Admissions	175	Continence		용	Special Treatmen	ts	용		
ercent Discharges To:		Indwelling Or Extern	al Catheter	8.9	Receiving Resp	iratory Care	7.3		
Private Home/No Home Health	36.5	•		42.3	Receiving Trac	=	0.0		
Private Home/With Home Health	23.2	Occ/Freq. Incontinen	t of Bowel	21.1	Receiving Suct	ioning	0.0		
Other Nursing Homes	2.2				Receiving Osto	my Care	2.4		
Acute Care Hospitals	1.7	Mobility			Receiving Tube	Feeding	0.8		
Psych. HospMR/DD Facilities	0.6	Physically Restraine	d	4.1		anically Altered Diets	26.0		
Rehabilitation Hospitals	0.0	. <u> </u>			3	-			
Other Locations	8.3	Skin Care			Other Resident C	haracteristics			
Deaths	27.6	With Pressure Sores		11.4	Have Advance D	irectives	74.8		
otal Number of Discharges		With Rashes		7.3	Medications				
(Including Deaths)	181				Receiving Psyc	hoactive Drugs	56.1		

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

*************	******	****	*****	*****	*****	*****	*****	*****	*****
		Owne	ership:	Bed	Size:	Lic	ensure:		
	This	Gove	ernment	100	-199	Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	%	૪	Ratio	8	Ratio	%	Ratio	8	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	88.2	87.6	1.01	84.0	1.05	84.0	1.05	87.4	1.01
Current Residents from In-County	82.1	77.0	1.07	80.7	1.02	76.2	1.08	76.7	1.07
Admissions from In-County, Still Residing	17.7	25.0	0.71	21.5	0.82	22.2	0.80	19.6	0.90
Admissions/Average Daily Census	136.7	107.5	1.27	135.6	1.01	122.3	1.12	141.3	0.97
Discharges/Average Daily Census	141.4	108.9	1.30	137.2	1.03	124.3	1.14	142.5	0.99
Discharges To Private Residence/Average Daily Census	84.4	48.3	1.75	62.4	1.35	53.4	1.58	61.6	1.37
Residents Receiving Skilled Care	95.9	93.7	1.02	94.8	1.01	94.8	1.01	88.1	1.09
Residents Aged 65 and Older	97.6	88.4	1.10	94.5	1.03	93.5	1.04	87.8	1.11
Title 19 (Medicaid) Funded Residents	69.9	66.9	1.04	71.9	0.97	69.5	1.01	65.9	1.06
Private Pay Funded Residents	24.4	18.9	1.29	17.4	1.41	19.4	1.25	21.0	1.16
Developmentally Disabled Residents	0.8	0.5	1.69	0.6	1.39	0.6	1.28	6.5	0.13
Mentally Ill Residents	46.3	46.3	1.00	31.8	1.46	36.5	1.27	33.6	1.38
General Medical Service Residents	12.2	16.7	0.73	21.1	0.58	18.8	0.65	20.6	0.59
Impaired ADL (Mean)	49.8	47.8	1.04	47.6	1.05	46.9	1.06	49.4	1.01
Psychological Problems	56.1	63.4	0.88	57.6	0.97	58.4	0.96	57.4	0.98
Nursing Care Required (Mean)	6.9	7.3	0.95	7.8	0.89	7.2	0.97	7.3	0.94